

## 2018 Membership Form

**Status:** ☐ New Member ☐ Renewal  
**Language of Correspondence:** ☐ English ☐ Français  
**Gender:** ☐ Male ☐ Female ☐ Non-binary  
☐ Prefer not to say  
**Title:** ☐ Ms. ☐ Mr. ☐ Dr.

GIVEN NAME

SURNAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

EMPLOYER/SCHOOL

JOB TITLE

( )

TELEPHONE

( )

FAX

( )

CELL PHONE

E-MAIL

### CHARITABLE DONATION

- ☐ I would like to support the activities of the Canadian Public Health Association by making a **charitable donation** in the amount of \$\_\_\_\_\_.

Charitable registration #0440990-11-10. An official tax receipt will be issued for donations of \$10 or more.

### PAYMENT

- ☐ Enclosed is my cheque or money order payable to the **Canadian Public Health Association** in the amount of \$\_\_\_\_\_.
- ☐ Charge my account ☐ VISA ☐ MasterCard (CDN \$)

CARDHOLDER NAME

ACCOUNT NUMBER

EXPIRATION DATE (MM/YY)

SECURITY CODE (###)

SIGNATURE

### SELECT ONE (1) CATEGORY OF MEMBERSHIP

Membership in the Canadian Public Health Association includes a subscription to the *Canadian Journal of Public Health* and *CPHA Health Digest*. All memberships are in effect for 12 months from the month of application.

#### Conjoint Membership

Conjoint membership in the Canadian Public Health Association and the Newfoundland & Labrador Public Health Association.

- |  |       |
|--|-------|
| <input type="checkbox"/> Regular   | \$230 |
| <input type="checkbox"/> Student   | \$98  |
| <input type="checkbox"/> Career in Transition  | \$105 |
| This new category is for people early in their career, newly-arrived in Canada, under- or unemployed, or otherwise living on a reduced income. |       |
| <input type="checkbox"/> Retired   | \$105 |

#### Direct CPHA Membership

Membership in the Canadian Public Health Association ONLY.

- |   |       |
|---|-------|
| <input type="checkbox"/> Regular              | \$250 |
| <input type="checkbox"/> Student              | \$88  |
| <input type="checkbox"/> Career in Transition | \$100 |
| <input type="checkbox"/> Retired              | \$100 |

#### Direct NLPHA Membership\*

Membership in the Newfoundland & Labrador Public Health Association ONLY.

- |                                  |      |
|----------------------------------|------|
| <input type="checkbox"/> Regular | \$30 |
| <input type="checkbox"/> Student | \$30 |
| <input type="checkbox"/> Retired | \$30 |

\* **Direct NLPHA Membership fees must be made payable and sent to:**

Newfoundland & Labrador Public Health Association  
P.O. Box 8172, St. John's, NL A1B 3M9

### NEW MEMBERS ONLY

USERNAME

PASSWORD

We recommend that you keep this information in a secure place for future use.

### PLEASE RETURN YOUR APPLICATION FORM TO

Canadian Public Health Association  
404-1525 Carling Avenue  
Ottawa, ON K1Z 8R9

Email: [membership@cpha.ca](mailto:membership@cpha.ca)

Fax: 613-725-9826